



PTO/SB/17 (10-04v2)
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FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/646,807
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	December 5, 2000
2,620		First Named Inventor	Michael W. GRAHAM
		Examiner Name	D. Sullivan
		Art Unit	1636
		Attorney Docket No.	546322000321
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP		Large Entity Small Entity	
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Cred it any overpayments		Fee Code Fee (\$)	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		Fee Description	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid	
FEE CALCULATION		Large Entity Small Entity	
1. BASIC FILING FEE		Fee Code Fee (\$)	
Large Entity Small Entity		Fee Code Fee (\$)	
Fee Code Fee (\$)		Fee Description	
Fee Code Fee (\$)		Fee Paid	
1001 790 2001 395 Utility filing fee			
1002 350 2002 175 Design filing fee			
1003 550 2003 275 Plant filing fee			
1004 790 2004 395 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		Large Entity Small Entity	
Total Claims 30 -45 = 0 x 18 = 0.00		Fee Code Fee (\$)	
Independent Claims 3 -4 = 0 x 88 = 0.00		Fee Description	
Multiple Dependent 300 = 300.00		Fee Paid	
Large Entity Small Entity		Large Entity Small Entity	
Fee Code Fee (\$)		Fee Code Fee (\$)	
Fee Code Fee (\$)		Fee Description	
Fee Code Fee (\$)		Fee Paid	
1202 18 2202 9 Claims in excess of 20			
1201 88 2201 44 Independent claims in excess of 3			
1203 300 2203 150 Multiple dependent claim, if not paid			
1204 88 2204 44 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		300.00	
**or number previously paid, if greater; For Reissues, see above		Other fee (specify)	
SUBMITTED BY		(Complete if applicable)	
Name (Print/Type) Otis Littlefield		Registration No. (Attorney/Agent) 48,751	
Signature		Telephone (415) 268-6846	
		Date December 7, 2004	